



## REPORT OF POSITIVE/REFUSED DRUG/ALCOHOL TEST

DRIVER'S NAME (Last, First, Middle Initial)		DATE OF BIRTH (If available)
DRIVER LICENSE NUMBER (If available)	SOCIAL SECURITY NUMBER	
EMPLOYER/ MOTOR CARRIER NAME		
EMPLOYER/ MOTOR CARRIER MAILING ADDRESS		
CITY	STATE	ZIP
CONSORTIUM/ CONTRACTOR NAME		
CONSORTIUM/ CONTRACTOR MAILING ADDRESS		
CITY	STATE	ZIP
REASON FOR TEST <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable suspicion <input type="checkbox"/> Post accident <input type="checkbox"/> Return to duty <input type="checkbox"/> Follow-up		

### MEDICAL REVIEW OFFICER

SPECIMEN ID NUMBER	DATE OF TEST
LABORATORY NAME	
DRUG/ ADULTERANT(S) FOUND	SPLIT SAMPLE TESTED? <input type="checkbox"/> Yes <input type="checkbox"/> No

### BREATH ALCOHOL TECHNICIAN

TEST NUMBER	DATE OF TEST	TIME OF TEST
INSTRUMENT NAME	INSTRUMENT SERIAL NUMBER	

### ATTESTATION

I the Medical Review Officer/ Breath Alcohol Technician declare by signing below that:

The driver above has:

- tested positive for:  
  drug(s)  
  alcohol (0.04 or above)  
 refused test by:  
  adulteration  
  substitution of a sample  
  other \_\_\_\_\_

The motor carrier, employer, or consortium above has a program subject to the federal requirements under 49 CFR 40.

I am properly trained and certified as of the date of this test to administer the alcohol or review the drug test(s) cited above and have accurately followed the protocols for testing in accordance with 49 CFR Part 40 in verifying or confirming the results.

I further declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

	TITLE
ADDRESS	(AREA CODE) TELEPHONE
<b>X</b>	
SIGNATURE	
DATE SIGNED	PLACE SIGNED

When completed, mail to: **Department of Licensing, Mandatory Suspensions, PO Box 9030, Olympia, WA 98507-9030** or fax to **(360) 902-3802**.

*The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation call (360) 902-3900 or TTY (360) 664-0116.*